

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		1				
7						
8						
9		1				
10	1					
11						
12	1					
13		1				
14	1					
15		1				
16						
17	1					
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	18					
TOTAL CLAIMS	14					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								